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# TIPS on Personnel Management

## for SUPERVISORS

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from the Director of Personnel

*Carl B Barnes*

U.S. Department of Agriculture • Washington 25, D.C.

October, 1961

TO SUPERVISORS:  
This came to me from  
Dr. Lee K. Buchanan,  
Health officer for  
the department.  
I think it makes sense.

To: Carl B. Barnes  
From: Lee K. Buchanan, M.D.  
Subject: YOUR PLACE IN  
EMPLOYEE HEALTH

### GENERAL OBSERVATIONS

Your office, branch, or division is as healthy as you are. Industry and government have found out that whether you hire handicapped or "healthy" people, whether you have the finest working conditions, or the worst, whether you have a "Health Unit" or not, the health of your office is up to you. At one extreme are offices with handicapped people where absenteeism is practically nil (other than the proper and full use of annual leave and sick leave for examinations, surgery and hospitalizations), where production is high and morale is tops. Others without apparent reason don't measure up as well. Why?, you ask. Because you are the difference, Mr. Supervisor, you are the Federal Service, the Department, the agency, division or branch. All else may be vague to your employees. You are his present, his future, his hopes, his fears. This parallels your position in your home (if you are a good father). As do your children, employees look for you to guide them, push them, recognize them, praise or criticize them (fairly, quietly and in private), limit them, stand behind them, and in general supply the fertile soil on which they can work and grow. Then they will respect you and be healthy. They may become angry, test you, disagree with you, gripe at times, but that is healthy.

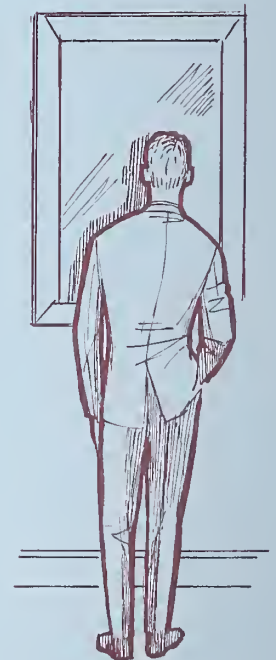
On the other hand if you fail them their "parts become rusty," and begin to break down. If you give ulcers instead of getting them - look out! They will become frustrated, resentful, anxious, and start using the weapons at their disposal. They can make or break you then. They become sick in mind or body and absenteeism, lower production, broken morale start. The psychosomatic diseases bloom; ulcers, thyroid disturbances, colitis, skin rashes, asthma, headaches, accidents, alcoholism, maybe even cancers. You say, "Not me - I am not to blame, it's their spouse or in-laws, their financial or other outside problems!" Yes, they are factors, too. But you control at least one-half of their waking hours. An employee can take an awful lot on the outside if for 8 hours he can lose himself in a job that makes him (or her) feel he is doing something worthwhile, where he gets recognition for a job well done, where he is made to feel a part of something bigger than himself. I know you say, "Recruit me enough good people, give me more money and better equipment." Again studies show the correlation is not always what might be expected. You can have all these but it is not enough. I am afraid we come around to you again, Mr. Supervisor. You determine the health of your employees which to a great degree determines your production and your success and well-being.



**WHAT TO DO:** First look in the mirror. Do you like what you see? Would you respect you as a boss? Would you inspire confidence, bring out the best in you? Get an objective view. Get a tune-up. See your dentist, doctor and (if your doctor advises a) psychiatrist once a year. You probably don't need the five-year couch program, just a "quickie." "This is what you are" and "if you don't like it, or can't accept it," "here's how." That's all. Now you will have a baseline.

Secondly, know your employees. I know it takes time but that's what a supervisor gets paid for - 60% or more of your time supervising. You can't supervise if you don't know who you are supervising. Know his background, cultural, educational, political, moral and philosophical. Know how he sees himself and the world about him, what he expects of his job now and tomorrow, what he expects of a boss, what conditions he works best in, know what stresses he has. I know they are all different - which makes it tough but interesting.

Third, you have to make all these different characters work as a unit, even tougher, but how challenging. Your plan and program may look pretty goofy. A tight rein on Joe, a smile for Mary, a push for Tom, a soft approach to Jane, etc., - "crazy quilt" - but you can't use a "pat" method anymore than a prescription for every ill. There will be some trial and error - nobody bats a hundred. Better to have tried and "goofed" a bit than use a "no" method or "the" method. Read and study all the management guides, then put them away and start supervising. You have to learn the techniques, know your problems, and then supervise. Follow this with your evaluations of the results, then continue, change or modify. Too bad we use the scientific method on everything but people. You don't bank on tradition, "folk lore," "pat methods," etc., in your labs, why should you with your workers?





**WHAT TO LOOK FOR:** When, in spite of your heroic efforts, you miss now and then, look for a change in behavior. Sounds trite or simple. Remember a person tends to continue a behavior pattern unless something interferes - almost a psychologic law. By the age of 18-21 most persons have a fairly predictable set of personality characteristics, weakness and strengths. We use familiar words, "she is shy," "he's ambitious," "she's a stickler for detail," "he's easy going," etc. Almost as sure as she has brown eyes or he is so tall. Now something has happened that changes things. "What's happened to her," or "What's eating him." Not for a day or even a week but several weeks. People don't really comment on it for a while, everyone allows for a bad day or week, "after the races," - or "that time of the month," or "kids are sick," or "he didn't get his raise," or "the experiments are not going well." Those are normal in healthy people and run their course. The ominous ones might be "he can't seem to get started," "she cries all the time," "he quit going to lunch with us," "I can't concentrate," "gosh she's nervous," "old George seems to be hitting the bottle lately," "can't depend on him anymore," "you know he didn't even interview that farmer and yet reported he did," etc. We have all heard and felt these ominous signs. They may be as serious as losing weight, indigestion, chest pain, cough, a sore that won't heal or bleeding.

**WHAT TO DO ABOUT IT:** Sit back and say "Well, it's not my affair," "There are some things you just don't talk about," "It's not my job." Whose is it? You say "I better report that hacking cough, might be T.B., don't want the whole office catching it." If you think T.B. is dangerous and contagious you haven't observed what an emotional illness can do to your employee, your whole office, and, of course, to you. I don't mean the minute somebody wears a new personality trait rush him into a straight jacket. Call him or her in after you have arranged for an hour or so of no interruptions and are up to it. (You have to be able to listen carefully and it is tiring.) Tell him why you have called him in (don't play games). Then ask him for an explanation (just as though his books didn't add up). Then shut up. Don't interrupt, anticipate, explain away, tell him your troubles, get angry, preach, or give advice - just listen. Every now and then, or when he gets quiet, summarize to him what you think he is trying to say (take notes if you need them). If you have missed, have him start again. If you got it he will know you understand (best emotional penicillin on the market). He may for the first time realize what he is bothered with, after all he never "heard" it before (another great "mycin"). When he runs dry give him your honest reaction. I know, you are no psychiatrist. But if you have listened well and made sure you got the message your reaction will be more often right than wrong. The professionals lament that responsible bosses, parents, and teachers have lost confidence in their judgment. There aren't enough pros and most problems don't need them. First aid cures 90% of most problems. Why, when you will stop a bleeder, splint a bone, or resuscitate a swimmer, won't you give a bit of first aid to an unhealthy worker? You can't hurt him unless you are upset, you didn't listen or you have a pet theory. All you need is the intelligence and judgment of a good supervisor.



If listening and your reaction didn't do the trick try it again, then he will know you really care. Maybe it is a real office problem - maybe the work is too much or not enough; maybe the room is too hot, cold or dark; maybe he really does need a vacation, a transfer; or to get away for outside training or a meeting to get a "refresher" or maybe he needs a promotion or demotion; possibly less control or more; more praise and less criticism; counsel on "off-the-job problems," etc. Aren't you glad you took the time to listen and correct something you can do, probably saved the Federal Service a hundred thousand bucks or more, and more important a fellow human being.

If you fail: Maybe you tried these and the fever is climbing, the "patient" is worse. Okay, now get help. You are negligent if you don't. Why must 8 years of "satisfactory" ratings, ruin of office morale, drop in production, go on and on while a "case" is being built for "disposal." Call in personnel. They are the experts. Then it is their "baby."

EMERGENCIES: Some time in your supervising career you will have one. For a fire of an accident you know what to do.

1. What if an employee threatens suicide (statements like "it's not worth going on," "I don't care anymore," etc. Maybe a little vague but they are ominous.) Most attempted suicides give clues - they want someone to stop them.
2. Alcoholics all give clues. I don't mean smelling their breath or catching them taking a snort out of a hip flask. Look for "blackout" periods, for the guy who needs more than one or two cocktails before lunch or dinner, the guy who drinks but only picks at his food, the guy who spaces his "benders" closer, the guy who goes to your kitchen to mix his own (often) - generally the fellow whose social drinking varies markedly from the rest of the guys and gals.
3. The employee who is becoming progressively anxious, nervous, unable to concentrate, shaky, "sweaty," can't sit still, panicky.
4. The employee who is pulling way into a corner, shunning all social contact.
5. The one who won't run down, talk-talk-talk but says nothing and whose ideas are getting less and less connected.
6. The one who begins to think and operate under different ground rules - thinks he sees things that aren't there, hears things that aren't said or infers things that are said of others to himself or falsely starts accusing people of harming him or threatens others.

These are emergencies and need prompt action. Get him to a doctor, psychiatrist, a relative, the AA, to a hospital, or to the police as is appropriate. Get to know a doctor, a psychiatrist, a lawyer, attend an AA meeting, visit your hospital. Get oriented just as you would with the firehouse or the rescue squad. Most sick people, though at times resistant, angry, or afraid, will be relieved and ever grateful that you took the responsibility. A few will actively resist and rarely even become violent but it is still your duty to act. You would force someone with cholera or small-pox to a hospital, why not a severely psychotic person. Know your state laws, they are probably cumbersome but there is a way to handle all cases.

#### SUGGESTED READING:

Human Understanding  
in Industry  
Wm. C. Menninger, M. D.  
Harry Levinson, PHD

SRA Publications for  
business and industry

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#### CONCLUSION:

Keep yourself and  
your employees well  
and you will be  
happy and productive  
until the end of your  
days, Mr. Supervisor.